

**Vermont Office of Attorney General
109 State Street
Montpelier, VT 05609-1001**

2013 Samples Disclosure Form for Manufacturers of Prescribed Products

Reporting Period: January 1, 2013 to December 31, 2013; Due Date: April 1, 2014

Name of Manufacturer				
Last Name of Recipient				First Name
Lic. Number/ID Number of Recipient				
Date Delivered		Number of Samples		
Contents (Check all that apply)		<input type="checkbox"/> Product <input type="checkbox"/> Vouchers, etc <input type="checkbox"/> Other (Including Other Non-Prescribed Items or Educational Materials)		
Product				
Product Type	Product Name	Units/Sample	Dosage or N/A	Description
▼				
▼				
▼				
Vouchers, Coupons, Co-Pay Cards, Etc.				
Prescribed Product Type	Prescribed Product Name, or N/A, Multiple Products, and/or Multiple Manufacturers	Vouchers/Sample	Description of Product/Discount	
▼				
▼				
▼				
Other (Including Other Non-Prescribed Items or Educational Materials)				
Prescribed Product Type	Prescribed Product Name, or N/A, or Multiple Products	Other Sample Type	Description of Item/Discount/Material	
▼		▼		
▼		▼		
▼		▼		

Next Disclosure

Submit by Email

Print for Your Records

2013 Samples Disclosure Field Values

Product Type

Pharmaceuticals
Biologics
Medical Devices
Combination Product
Medical Food
Infant Formula
Medical Equipment/Supplies

Prescribed Product Type

Pharmaceuticals
Biologics
Medical Devices
Combination Product

Other Sample Type

Non-Prescribed Item
Educational Material
Other